

Quarterly Training

For Medicaid Providers

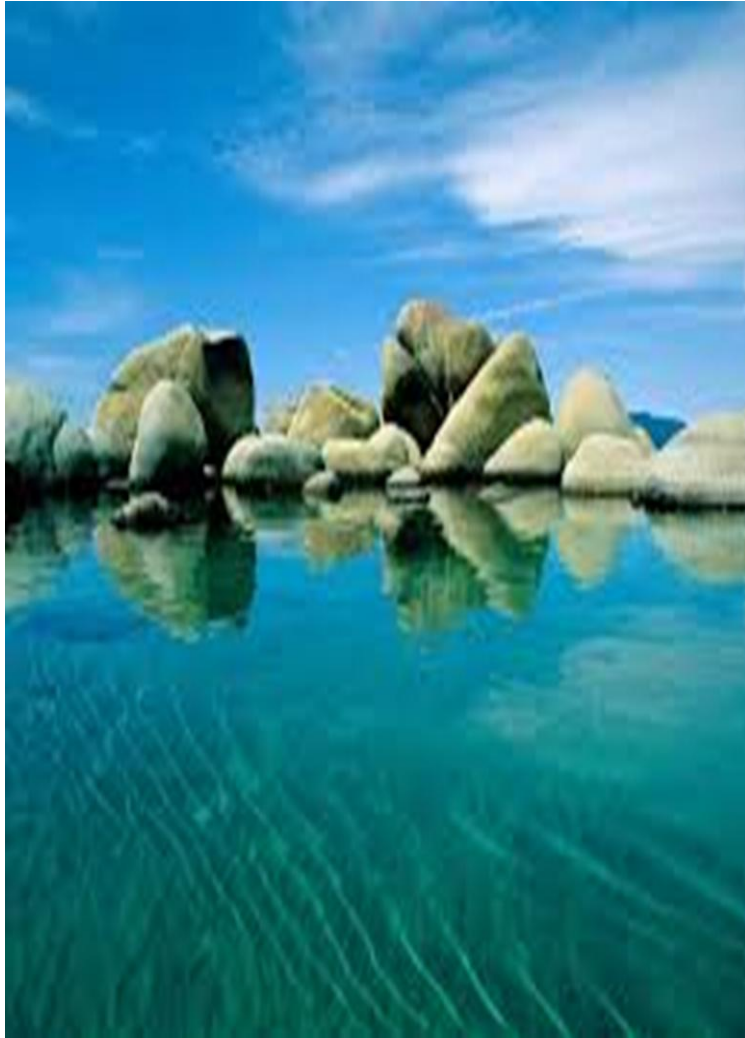
September 2013



Agenda

- Annual Medicaid Conference
- HIPAA and Business Associates
- Level of Care Online Assessment Tool
- Web Announcements
- Behavioral Health Conference Call
- Top 10 Denial Edits
- Customer Service Inquiries
- Provider Services Field Representatives





Annual Medicaid Conference

Northern Nevada – Reno

When: October 15, 2013

Where: Reno-Sparks Convention Center
4590 South Virginia St., Reno NV 89502
Conference Rooms A2 to A4
(Closest to the Parking Lot)

Time: 8:00 a.m. to 5:00 p.m.

Registration: 8:00 a.m. to 9:00 a.m.

Conference: 9:00 a.m. to 5:00 p.m.

Vendors will be available at registration time, during breaks and from 4:00 p.m. to 5:00 p.m.

Southern Nevada – Las Vegas

When: October 24, 2013

Where: *****NEW LOCATION*****
Palace Station Hotel and Casino
2411 Sahara Avenue
Las Vegas, NV 89102

Time: 8:00 a.m. to 5:00 p.m.

Registration: 8:00 a.m. to 9:00 a.m.
Conference: 9:00 a.m. to 5:00 p.m.

Vendors will be available at registration time, during breaks and from 4:00 p.m. to 5:00 p.m.

Conference Focus

- Full-day session for all providers
- Featured guest speakers on a variety of topics including:
 - Health Care Reform
 - Medicaid Expansion
 - Program Integrity
 - Electronic Health Records
- Featured vendor booths

Conference Registration

- Registration is required
- Watch for Web Announcements at www.medicaid.nv.gov for registration instructions
- Register each participant from your office individually
- Print the Registration Confirmation and bring it to the conference for admittance



Conference Day

- Remember... This will be a full-day conference from 8:00 a.m. to 5:00 p.m.
- Easy check-in
 - Bring your printed registration confirmation
- Walk-in registrations are welcome
 - Check in at late registration table
 - Bring your Individual or Group NPI with you





HIPAA and Business Associates

What is HIPAA?

HIPAA is the Health Insurance Portability and Accountability Act of 1996.

Its privacy provisions:

- Are a response to concerns regarding confidential health information.
- Ensure security and privacy of individual health information
- Reduce administrative expenses in the health care system
- Provide uniform standards for electronic health information transactions
- Provide measures to combat fraud and abuse in health insurance and health care delivery

Who Enforces HIPAA?

The Department of Health and Human Services, Office for Civil Rights, enforces:

- The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information;
- The HIPAA Security Rule, which sets national standards for the security of electronic protected health information;
- The HIPAA Breach Notification Rule, which requires covered entities and business associates to provide notification following a breach of unsecured protected health information

Definitions

Following are some terms you need to know to understand HIPAA regulations that may pertain to you.

Protected Health Information (PHI) is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present or future payment for the provision of health care to the individual,

and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. It includes many common identifiers (e.g., name, address, birth date, Medicaid ID).

PHI can be oral, written or electronic.

Definitions (continued)

The HIPAA Rules apply to covered entities and business associates.

Covered Entities are:

- Health Care Providers
- Health Plans
- Health Care Clearinghouses

Definitions (continued)

Health Care Providers

This includes providers such as:

- Doctors
- Clinics
- Psychologists
- Dentists
- Chiropractors
- Nursing Homes
- Pharmacies

Note: HIPAA uses the Social Security Act's definition of medical providers found at 42 USC 1395X(s).

Definitions (continued)

Health Plans

This includes:

- Health insurance companies
- Managed Care Organizations (MCOs)
- Company health plans
- Government programs such as Medicaid

Health Care Clearinghouses

This includes entities that process nonstandard health information they receive from another entity into a standard electronic format, or vice versa.

Definitions (continued)

Business Associate

- Does work to help a covered entity carry out its health care activities or functions
- Creates, receives, maintains or transmits PHI



Am I A Business Associate of Medicaid?

If you are a provider for Medicaid but are NOT a medical provider as defined by Social Security (42 USC 1395X(s)) and you receive, create or maintain PHI on behalf of a Medicaid recipient, you are a business associate of Medicaid.

Who Decides if I am a Business Associate?

Under the rules, you are a business associate as defined by law; signing a contract does not define your status. Ultimately, the U.S. Department of Health and Human Services decides.

What Do Business Associates Have to Do?

- Must comply with some of the HIPAA rules
- Must sign an agreement specifying that it will comply with HIPAA rules to protect PHI
- The definition of business associate changed in March of 2013 with the HIPAA Omnibus Rule

Note: HIPAA allows covered entities to share PHI with other covered entities without a business associate agreement for the purposes of treatment, payment or health care operations.

What is a Business Associate Addendum?

It is an agreement between a covered entity and a business associate that governs the terms of their relationship. The addendum:

- Describes the permitted and required uses of PHI by the business associate
- Provides that the business associate will not use or disclose PHI other than as permitted by contract or by law
- Requires the business associate to use appropriate safeguards to prevent inappropriate use or disclosure of PHI
- Ensures certain patient rights

Why am I Being Asked to Sign a Business Associate Addendum?

It requires you to follow some of the same rules that Medicaid does to protect confidential patient information. HIPAA regulations require that Medicaid secure this written agreement, which is “satisfactory assurance” that you will “appropriately safeguard” PHI that Medicaid discloses to you.

The form says I will comply with HIPAA. What do I need to do?

There are many components to HIPAA compliance. The list on the following slides is an overview. Addressing requirements depends on a variety of factors, such as the form of the PHI and the nature of the services you are providing. We strongly urge you to understand your compliance obligations under HIPAA. See the Office for Civil Rights website at <http://www.hhs.gov/ocr/privacy/index.html>



Components to HIPAA Compliance

Business Associates must:

- Not use or further disclose the PHI other than as permitted or required by the agreement or as required by law
- Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the agreement
- Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of electronic PHI
- Agree to comply with the policies and procedures and documentation requirements of the HIPAA Security Rule
- Report any unauthorized use or disclosure of the PHI to the Covered Entity

Components to HIPAA Compliance (continued)

Business associates must also:

- Make your internal practices, books and records relating to the use and disclosure of the PHI available to the federal government for purposes of determining the Covered Entity's compliance with HIPAA
- Return or destroy all PHI, if feasible, at the termination of the agreement, or, if return or destruction is not feasible, you must continue to protect the PHI even after termination
- Agree to report any access, use or disclosure of PHI not permitted by the Agreement, and any breach of PHI of which you become aware without unreasonable delay and in no case later than 60 calendar days after discovery



What if I Don't Comply?

A Business Associate is directly liable under the HIPAA Rules and subject to:

- Civil and criminal penalties for making uses and disclosures of protected health information that are not authorized by its contract or required by law
- Civil penalties for failing to safeguard electronic protected health information in accordance with the HIPAA Security Rule

Penalties

Civil and criminal penalties may be imposed. Individuals who knowingly obtain or disclose information face imprisonment up to one year.

HIPAA Violation	Minimum Penalty – each violation	Maximum Penalty
Unknowing	\$100 - \$50,000	\$1,500,000
Reasonable Cause	\$1,000 - \$50,000	\$1,500,000
Willful Neglect – Corrected	\$10,000 - \$50,000	\$1,500,000
Willful Neglect – Not Corrected	At least \$50,000	\$1,500,000

Can Medicaid or HPES Do This For Me?

- No one but you has the authority to mandate and enforce your policies and procedures.
- It is not possible for anyone else to assemble your policies and procedures without knowing your process of data collection and workflow. Only you and your staff truly know how your business runs on a daily basis.
- HIPAA compliance is an ongoing process to protect your business and patient's privacy.

Where Do I Start?

- The Office for Civil Rights website:

<http://www.hhs.gov/ocr/privacy/>

Go to “Understanding HIPAA Privacy” and from there “For Covered Entities and Business Associates” for guidance materials for small providers.

- Work with your professional organizations in developing template materials and guidance.
- Sign and return the Business Associate Addendum (if applicable) found on the Provider Enrollment webpage at www.medicaid.nv.gov

Where Can I Find HIPAA Regulations?

- HIPAA Regulations 45 CFR 160, 162 and 164
- The HITECH Act, Federal Register, Vol. 74, No. 209
- HIPAA Omnibus Rulemaking, Federal Register Vol. 78, No. 17

Questions?

Division of Health Care Financing and Policy
Lynne Foster, HIPAA Privacy Officer
(775) 684-3606
Lynne.foster@dhcfp.nv.gov

HPES
Nevada Provider Training
Phone: (877) 638-3472 (select option 2, then select option 0,
then select option 4)
NevadaProviderTraining@hp.com



Coming Soon...

Level of Care Online Assessment Tool

Level of Care (LOC)

- A new online tool for LOC coming soon in late September/early October
- For use in the PASRR system
- Available to use 24/7
- Real or near real time decisions on the web portal
- Fast, efficient and time saving
- Training available September 25 and September 30
 - Go to www.medicaid.nv.gov
 - Provider/Provider Training/2013 Training Registration Form
 - Choose your class date and time, enter information



Web Announcements


Web Announcements

- Provider communications are posted as web announcements with updates, changes and new information
- Announcements may contain special billing instructions and links
- Remember to check web announcements frequently at www.medicaid.nv.gov





Locating Web Announcements

www.medicaid.nv.gov




Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal





2012 Provider Training Catalog [ [Review](#)]


Home	Providers	EVS	Pharmacy	Prior Authorization	Quick Links	Contact Us	
Announcements/Newsletters	Billing Information	Electronic Claims/EDI	E-Prescribing	Forms	NDC	Provider Enrollment	Provider Training


Notification
Enhancements were implemented in the online prior authorization and electronic verification systems on February 20, 2012. For more information, see  [Web Announcement 451](#).

Latest News

Attention Provider Type 34 (Therapy): Prior Authorization Required for Therapy Services [See  [Web Announcement 544](#)]

2013 Provider Training Registration Form [ [Review](#)]

Provider Web Portal Quick Reference Guide (Updated April 16, 2012) [ [Review](#)]

Provider Exclusions, Sanctions and Press Releases [ [Review](#)]

Web Announcements [View All](#)

WEB ANNOUNCEMENT 549
Medicaid Services Manual Updated Per December Hearing

The following Medicaid Services Manual (MSM) chapter changes were approved at a recent Division of Health Care Financing and Policy (DHCFP) Public Hearing. Changes were approved December 11, 2012. Please see the DHCFP's [Public Notices](#) webpage.

- MSM Chapter 100 – Medicaid Program
- MSM Chapter 200 – Hospital Services

Web Announcement 621

July 9, 2013

Announcement 621

Increased Payment for Certain Primary Care Physicians for Calendar Years 2013 and 2014 as Part of the Affordable Care Act

As part of the Affordable Care Act (ACA), the Centers for Medicare & Medicaid Services (CMS) has implemented a rate increase for certain Primary Care Physicians (PCPs) and their associated subspecialties. This increased rate is effective for calendar years 2013 and 2014. CMS has approved the Nevada Medicaid Fee for Service State Plan Amendment. Supplemental payments for the first and second quarters of 2013 will be issued in July.

Enhanced payments will be made on a quarterly basis. It is not necessary to resubmit an attestation form for each quarter. If a provider has already submitted an attestation form, that form will be referenced for all payments. Providers must submit updated Board Certifications from The American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA) if they have expired. Providers will not continue to receive the enhanced payment if a current certification is not submitted. Updated certifications may be faxed to DHCFP Rates and Cost Containment (775) 684-3773, Attention Becky Vernon-Ritter.

For Physician Assistants and Nurse Practitioners:

- The Supervising Physician must fill out and submit the Statement of Responsibility form in order for Physician Assistants and Nurse Practitioners to receive the enhanced rate. Per CMS there must be a signed form stating the Supervising Physician is accepting professional and legal responsibility for the Physician Assistant and/or Nurse Practitioner. Collaboration agreements from the State Board of Nursing will not be accepted.
- DHCFP will honor the date of the submission of the attestation form for providers who complete and return the Statement of Responsibility within the next 30 days from the date of this web announcement. Submissions after 30 days will result in reimbursement on a go forward basis and will not be retroactive.
- If the Statement of Responsibility is not submitted, CMS will not authorize the enhanced payment for the Physician Assistant or Nurse Practitioner. The Statement of Responsibility can be located at <https://dhcfp.nv.gov/ratesUnit.htm> under the section titled "Important Information Regarding Increased Payment for Certain Primary Care Physicians for Calendar Year 2013 and 2014 as Part of the Affordable Care Act."

For additional information, contact the DHCFP Rates and Cost Containment Unit at (775) 684-3763.



Web Announcement 627

August 8, 2013

Announcement 627

Nevada Medicaid and Nevada Check Up Billing Manual Archives Are Now Online

In response to requests from providers, the previously published versions of the Nevada Medicaid and Nevada Check Up Billing Manual have been published on the www.medicaid.nv.gov website. The Billing Manual and the Archives page are located on the [Providers Billing Information](#) webpage. Under "Billing Manual" click next to "For Archives." Select the year from the dropdown list to view the manual(s) published for a specific year. The message "No Archives available for the above selection" indicates no new updates were made to the Billing Manual that year.

Archives

Archived Billing Manuals:
Select the year from the Dropdown list to view Archived Billing Manuals
Year :

Description
Billing Manual

Archived Billing Guidelines:
Select the Provider Type and Year from the dropdown list to view specific Billing Guidelines
Provider Type : Year :

Description
Personal Care Services - Provider Agency

Web Announcement 629

August 21, 2013

Announcement 629

Provider Types 30, 38, 48, 57, 58, 59 and 83: Use Nevada Serious Occurrence Report Form to Report Events/Situations

Providers of Home and Community Based Programs such as Personal Care Services and Waiver services are required to report serious occurrences within 24 hours of discovery on the Nevada DHCFP Serious Occurrence Report form (NMO-3430A).

The affected provider types include 30, 38, 48, 57, 58, 59 and 83, in addition to the grant-funded Money Follows the Person programs and various State-funded Home and Community Based Services.

The purpose of this form is to collect objective and factual data regarding identified serious occurrences and must be completed by any individual who becomes aware of a serious occurrence.

Form [NMO-3430A](#) and [NMO-3430A Instructions](#) are attached and are also available on the [Providers Forms](#) webpage. The instructions provide information on where to route the form once it is completed.

Web Announcement 633

August 26, 2013

Announcement 633

Verify Recipient Eligibility through Automated Response System or Electronic Verification System

Convenient tools are available to providers to verify recipient eligibility: the Automated Response System (ARS) and the online Electronic Verification System (EVS). Both of these methods are useful tools in obtaining recipient eligibility, as well as recent payment details, claim status and prior authorization information.

- To access ARS, call (800) 942-6511.
- To access EVS, visit the Nevada Medicaid website at www.medicaid.nv.gov. Select the "EVS" tab to review the User Manual and to register or login to EVS. For assistance with obtaining a secured login, contact the HP Enterprise Services Field Representatives at NevadaProviderTraining@hp.com or by calling (877) 638-3472. Select option 2 for provider, then option 0, then option 4 for Provider Training.

If ARS and EVS are not functioning, providers may contact the Customer Service Center by calling (877) 638-3472. Select option 2 for provider, then option 0, then option 2. Please have your servicing NPI, or API, recipient's Medicaid ID and date of service for the claim available.



Web Announcement 635

August 30, 2013

Announcement 635

Attention Provider Types 12 and 45: Duplicate Claims for Physician-Administered Drugs Recouped

Provider types 12 and 45 who submitted duplicate claims for the same service for physician-administered drugs may have been reimbursed in error for the duplicate claims. The affected claims, which have dates of service December 2, 2011, through April 16, 2013, have been automatically reprocessed. The adjudication of the recouped claims will be reflected on remittance advices (RAs) dated September 6, 2013.

Providers who have refunded the overpayments may disregard this announcement.



Behavioral Health Conference Calls

DHCFP Conference Calls

The Division of Health Care Financing and Policy's Behavioral Health Conference Calls are held on the second Wednesday of each month at 10:00 a.m.

Call in number 1-888-363-4735 Access Code 1846315

The Agenda will include:

- Provider Enrollment
- Billing Instruction Updates
- Policy
- Quality Assurance
- HPES Updates – Prior Authorization/Training
- Provider Questions

To submit Agenda items for discussion:

- Please submit your questions to: <https://dhcfp.nv.gov/BHContactus.asp>
- Check the box for “Behavioral Health Monthly Call”
- Items should be submitted by the last Wednesday of the previous month



Provider Inquiries to the Customer Service Call Center

Top 10 Denial Edits

1. Thru Date of Service (DOS) is after the date payment request received
2. Missing/Invalid type of accommodation code
3. NPI/API submitted is invalid
4. Invalid procedure modifier
5. Servicing provider not eligible on DOS
6. Recipient is in a plan that the provider is Not enrolled in
7. NPI/API not on file
8. Admit date is missing or invalid
9. EMC Medicare adjustment/void not allowed
10. Billing provider not eligible on DOS

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Provider Services Call Center

(877) 638-3472

Hours: Monday-Friday 8 a.m. - 5 p.m.

- Please have your *servicing* NPI, or API, recipient's Medicaid ID and date of service for the claim available
- Recipient eligibility and claim status are primarily available through:
 - Automated Response System (ARS) (800) 942-6511 or
 - The Electronic Verification System (EVS)
- Inquiries that are escalated for further review will be responded to within 48 hours



Provider Services Field Representatives

Provider Services Field Representatives

The HPES provider field representatives support provider education and outreach for the Nevada Medicaid Provider community

Provide training on subjects including:

- Claims billing (paper and electronic)
- Program policies and procedures
- Website tools

Resolve claim inquiries

Review remittance advice and reconciliation issues

Northern Nevada Provider Services Field Representative Team



- Provider Services Manager

- Jennifer Shaffer

Office: (775) 335-8585

Cell: (775) 313-2811

- Northern Nevada

- Kim Teixeira – Provider Field Representative

Cell: (775) 323-9667

- Shanna Lira – Provider Field Representative

Cell: (775) 343-9929

- Nedra Daugherty – Provider Field Representative

Cell: (775) 233-1226

Southern Nevada Provider Services Field Representative Team



- Provider Services Manager
 - Jennifer Shaffer
Office: (775) 335-8585 Cell: (775) 313-2811
- Southern Nevada
 - Tiffani Hart – Provider Field Representative
Cell: (702) 266-6923
 - Hasani Jackson-Carroll – Provider Field Representative
Cell: (702) 239-4933
 - Jassamine Haughton – Provider Field Representative
Cell: (702) 274-6616

Provider Services Field Representatives May Also Be Contacted:

- By phone – (877) 638-3472
 - Options 2, then 0, then 4
- By email – nevadaprovidertraining@hp.com
- By fax – (775) 624-5979





Thank you for attending today!

- Please complete your evaluation.
- We appreciate the feedback!

Thank you!

